

Bellian Jackline Barnes

CERTIFICATE OF DEATH

Died at <u>Silver Skong</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>14</u>	Years <u>0</u>	Months <u>4</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>	
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Elan Barnes</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Kathie Day</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Elan Barnes</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days.

Immediate

Syneoke

How long

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

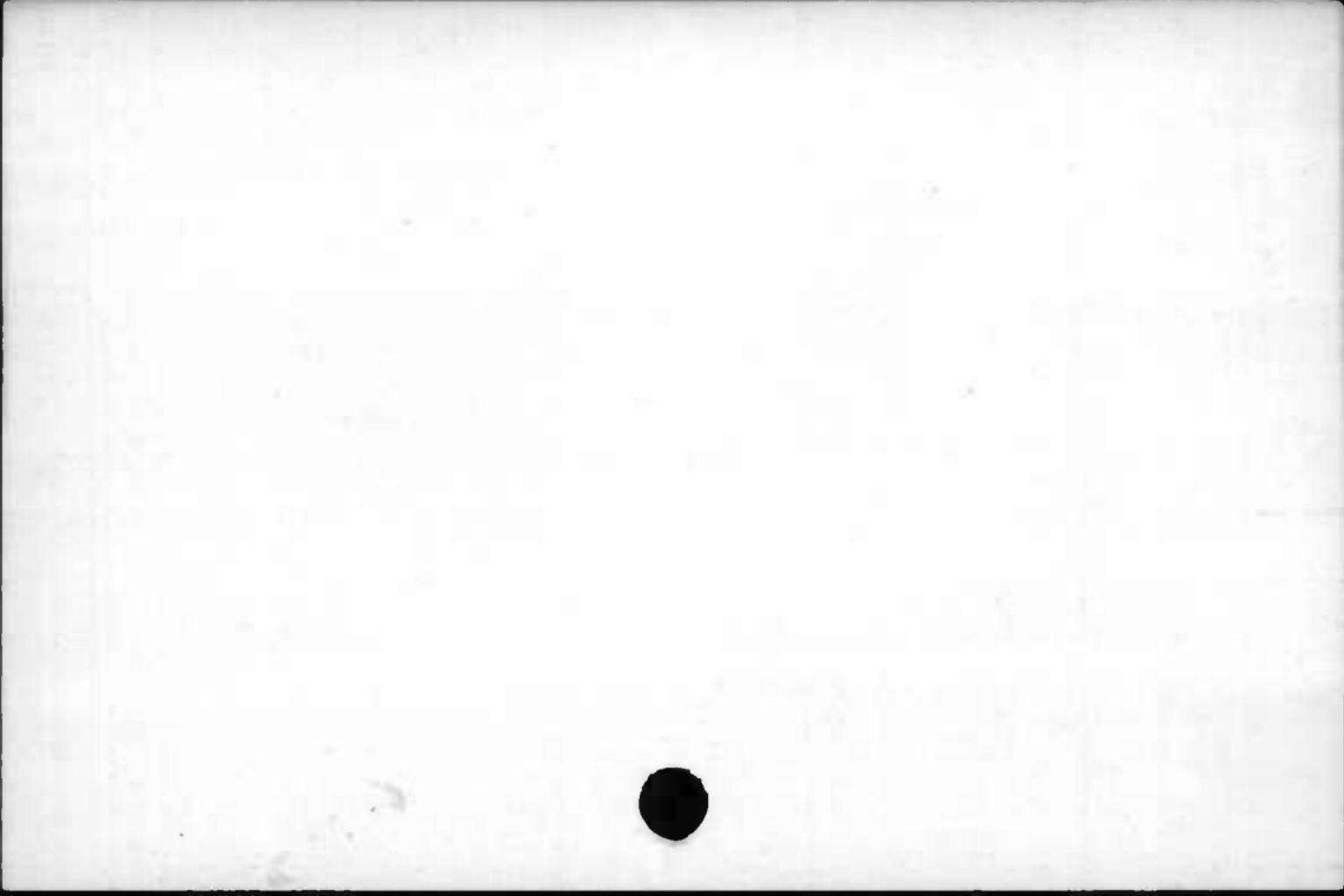
Address

Yes.

Dr. Brown

Silver Skong
Md.

Accident or Suicide?



Name
in
Full

Margaret Ellen Beall

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month 9	Day 22	Years	Months	Days	
Sex	Female		Color or Race	White		Birth-place	
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Rev. St. John			
Father's Name	Hesekiah Barber		Father's Birthplace	Md			
Mother's Maiden Name	Harcie Williams		Mother's Birthplace	"			
Name of person giving information	M. A. Beall		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion (80) How long Suddenly

Immediate

Angina Pectoris (80) How long do

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. A. Simmers
Germantown, Md.

Accident or Suicide?

Dec 4 37.

Name
in
Full

Lient Ed Jones Chiswell (C.S.A)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickinson</u>		Town <u>Town</u>		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1906 Sept</u>	Month <u>Sept</u>	Day <u>21</u>	Years <u>70</u>	Age <u>70</u>	Months	Days		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Rockville Md</u>						
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Dickinson Md</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Evelyn Allatt</u>							
Father's Name <u>Thomas Chiswell</u>	Father's Birthplace <u>Rockville</u>							
Mother's Maiden Name <u>Mary Jones</u>	Mother's Birthplace <u>Dickinson</u>							
Name of person giving information <u>Dr R L Goo</u>	How related to deceased <u>physician</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis

How long

6 years

Immediate Exhaustive

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

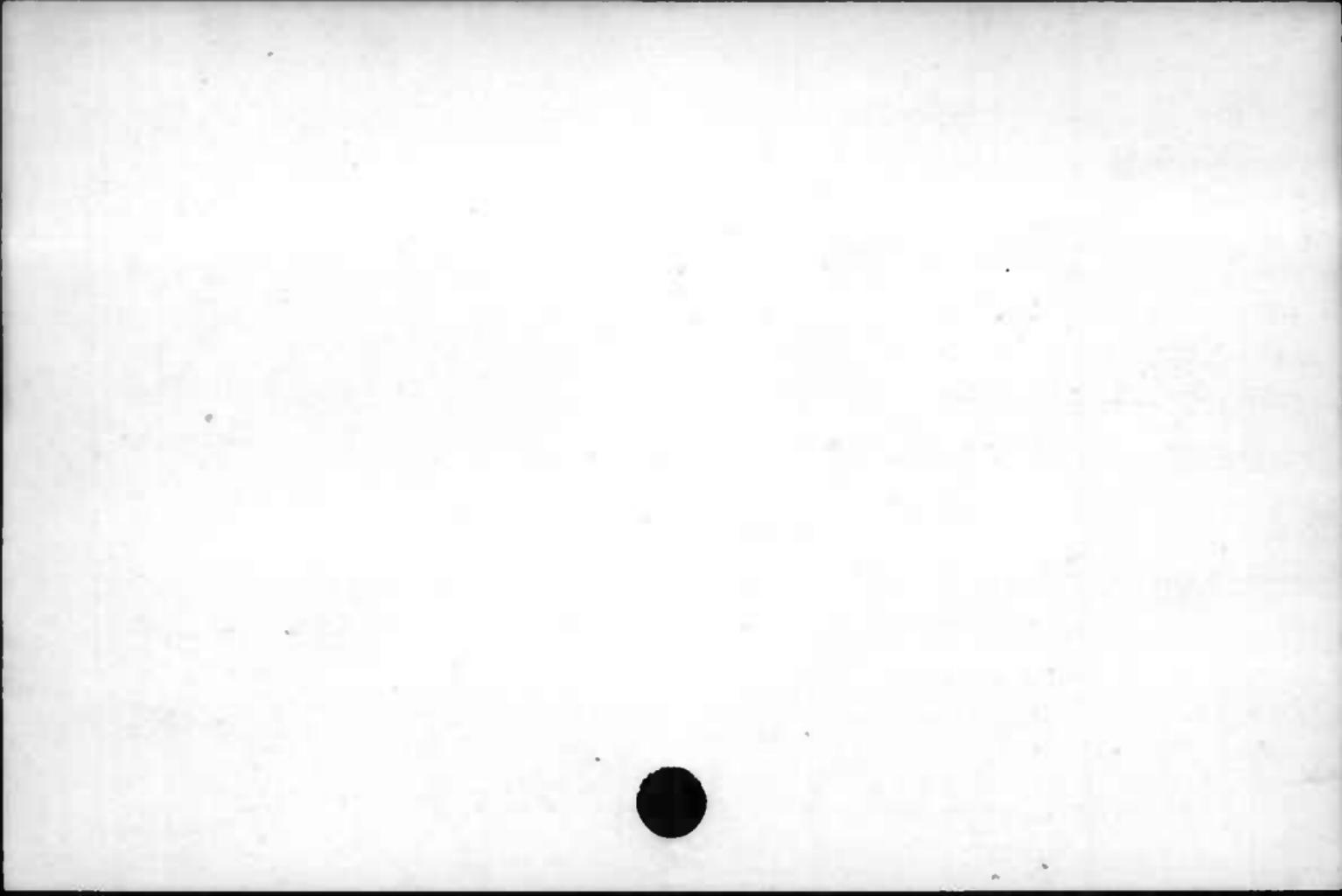
Signature of Physician

Richard L Goo

Address

Rockville

Accident or Suicide?



Name
in
Full

Golden Cliffer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	1906 9 26 Negro.	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Seneca Md.			
Mother's Maiden Name	Boggs Cliffer.			
Name of person giving Information	Bella Ward.			
	Phrygia			
Father's Birthplace	Seneca Md.			
Mother's Birthplace	Seneca Md.			
How related to deceased	—			

PHYSICIAN
OR CORONER

Primary

Acute indigestion

104

How long

24 hrs.

Immediate

Coma.

How long

—2 hrs

Are the name, age, sex, color, date and place correctly given above?

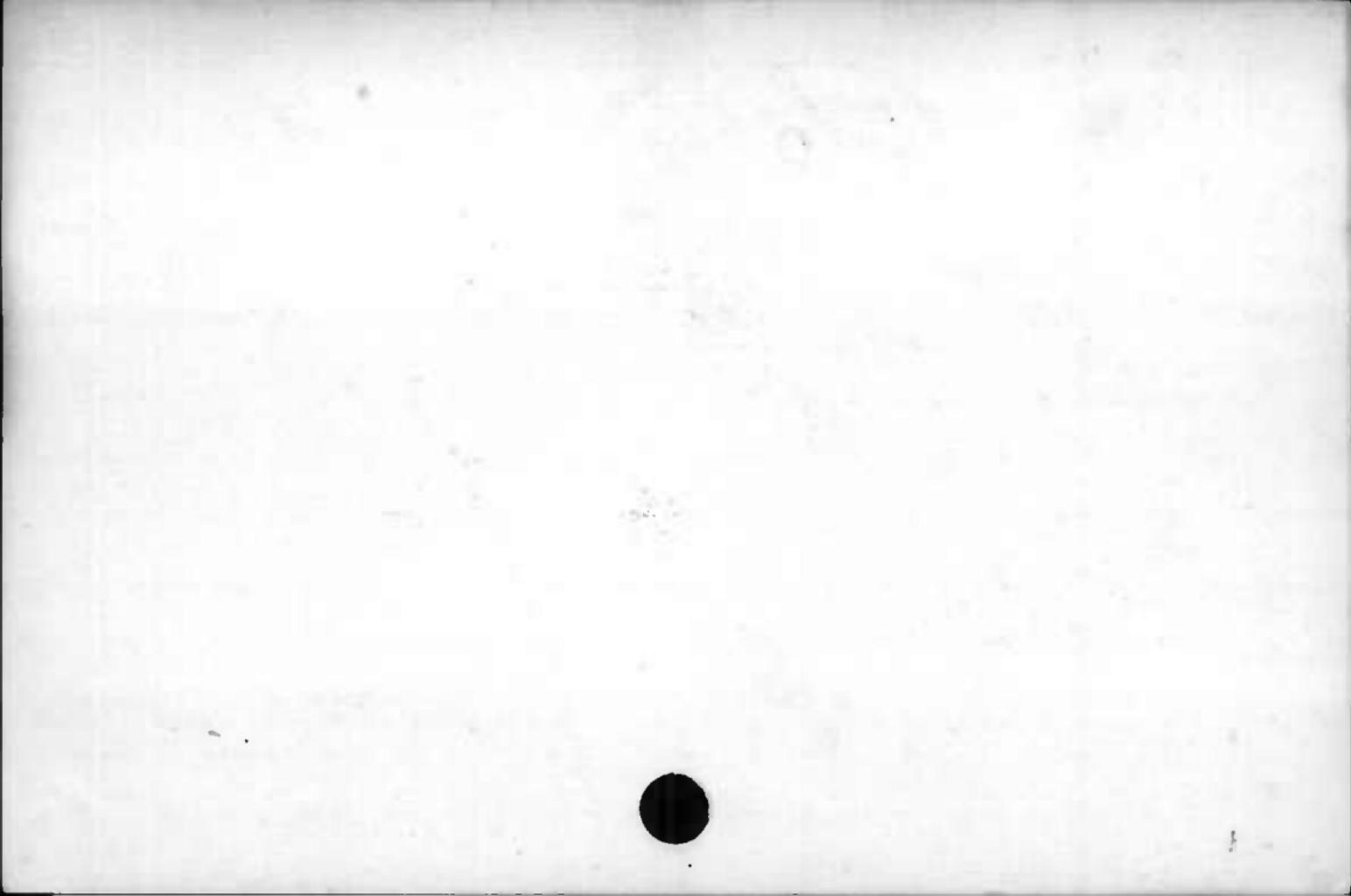
yes

Signature of Physician

Address

W. D. House M.D.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George A. Darling

CERTIFICATE OF DEATH

Died at Takoma Park County Montgomery MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	Sept.	17	64	6	12
Sex	Color or Race	Birth-place			
Mr	W	N.Y.			
Occupation	Where Residing if not at place of death				
clerk	Julia L. Darling				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Married, Single or Widowed	Edward Darling	Mother's Birthplace			
Mother's Maiden Name	Sophonia	How related to deceased			
Name of person giving Information	W.M. Favorite	(H)			

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 5 minutes

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Alfred T. Parsons,
Takoma Park, Md.

Accident or Suicide?



Name
in
Full

Aldati Amelia Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Elmer	Town	Moody County	County	MARYLAND	
Date of death	1906 Sept	Month	27	Day	Age	Years
Sex	female	Color of Race	negro	Birth-place	Baltimore Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of White Husband		Moses a Dorsey			
Father's Name	Richard Logan		Father's Birthplace	Connecticut		
Mother's Maiden Name	Cassie Green		Mother's Birthplace	Baltimore Md		
Name of person giving information	Moses a Dorsey		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes

50

How long

8 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

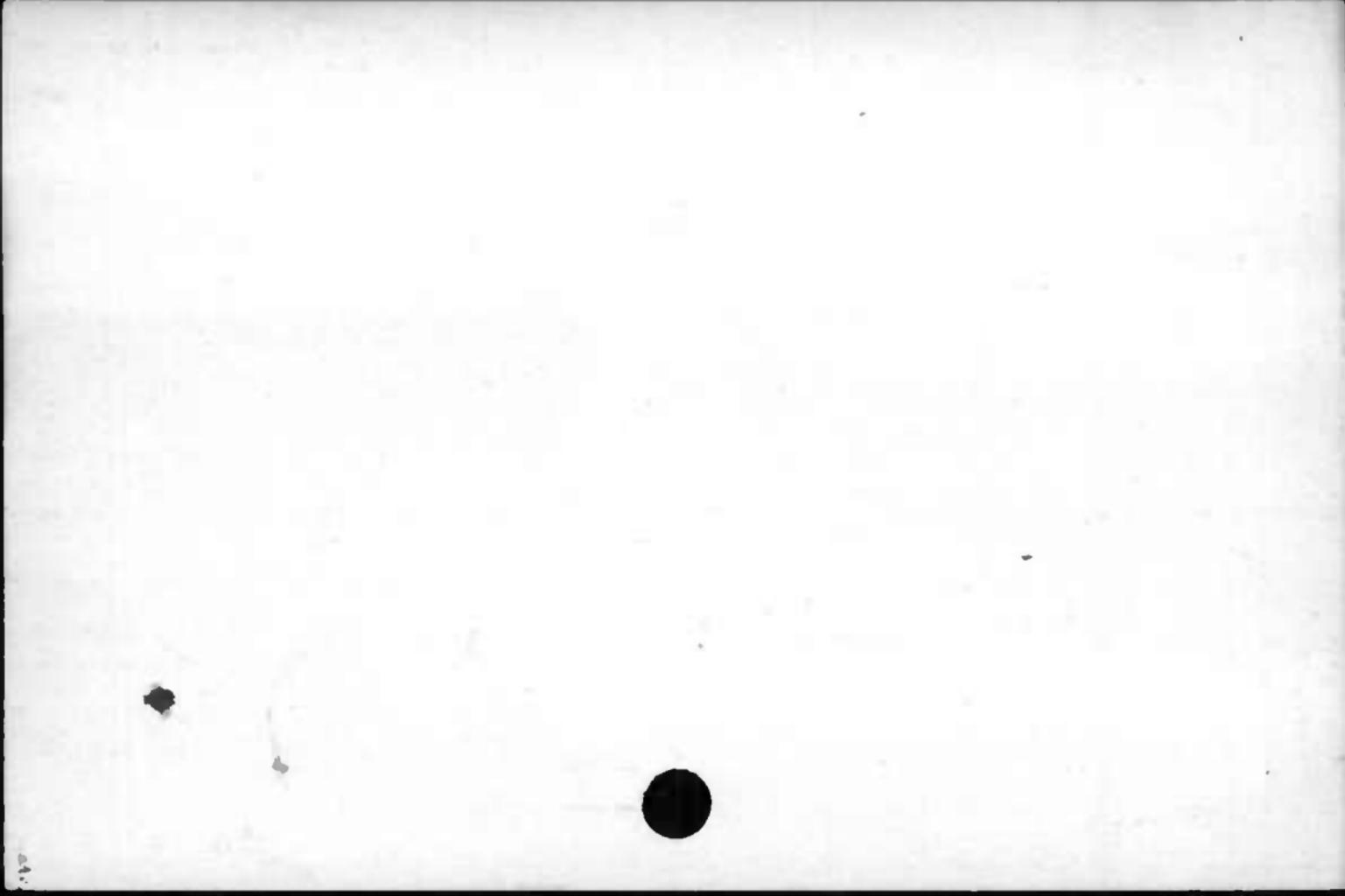
yes

Signature of Physician

Address

Editha sub reg
Baltimore
Md

Accident or Suicide?



Name
in
Full

Mary Jane Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Barnesville	County Montgomery	MARYLAND	
Date of death 1906	Month Sept	Day 25th	Years 84	Months — Days —
Sex Female	Color or Race White	Birth- place Barnesville		
Occupation	Where Rending if not at place of death Barnesville			
Married, Single or Widowed Widowed	Name of Wife or Husband Clagett Hawkins			
Father's Name William Trail	Father's Birthplace —			
Mother's Maiden Name Abigail Hays	Mother's Birthplace —			
Name of person giving Information Mrs. T. E. Pyles	How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile decay

How long

one year

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

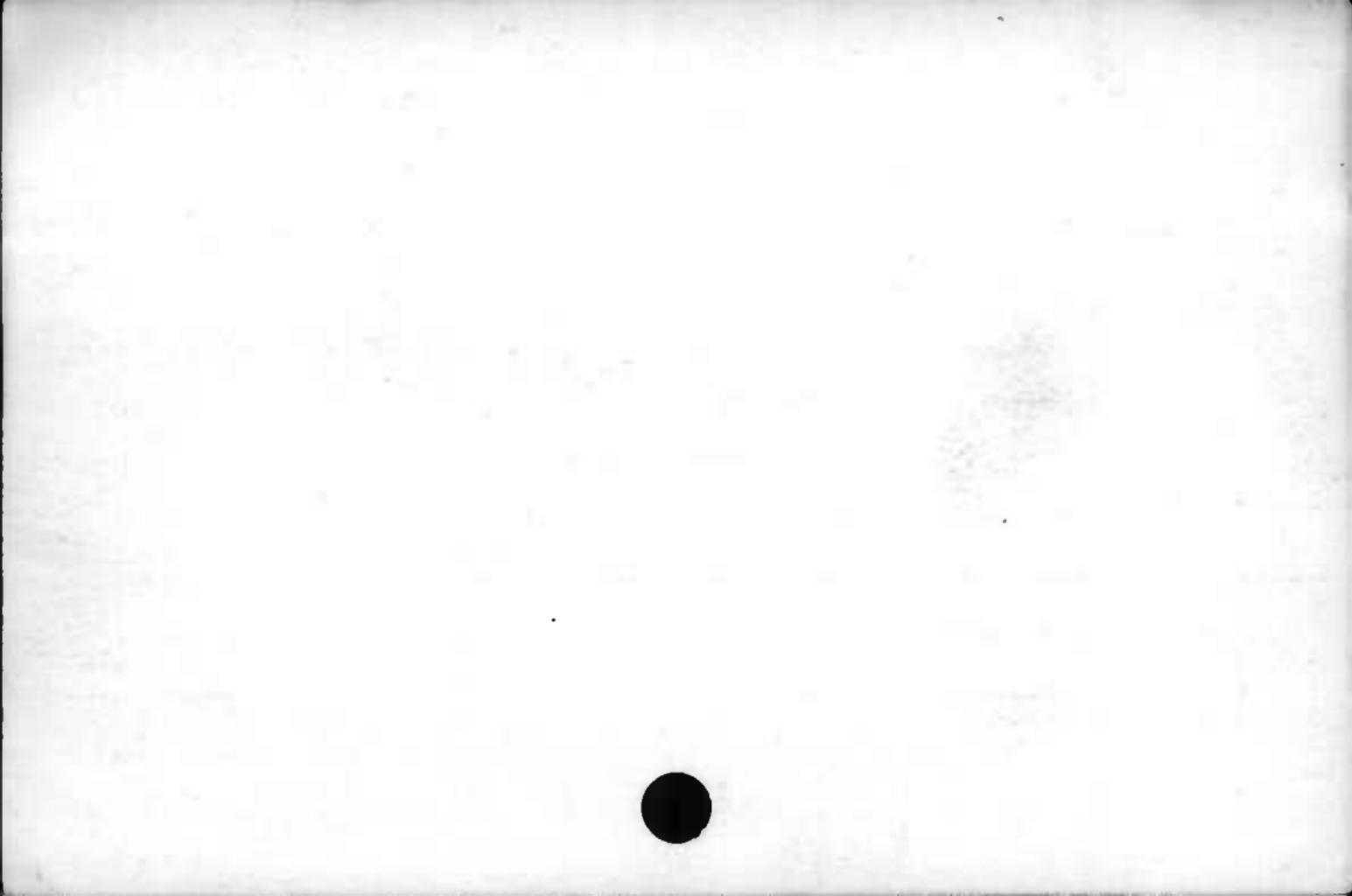
Signature of
Physician

Address

J. H. Stonestreet
Barnesville

Md

Accident or Suicide?



Name
in
Full

Francis B. Howes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Sept.	Day 22	Years Age 23	Months	Days
Sex	Male	Color or Race	white	Birth-place	Antrim	
Occupation	Clerical		Where Residing not et place of death	Edgewise		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Richard T. Howes		Father's Birthplace			
Mother's Maiden Name	Mary Shipley		Mother's Birthplace	Laurel		
Name of person giving information	H. Townsend		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	7 days
Immediate	Soxaemia		How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. G. Skinner
			Address	Antrim
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

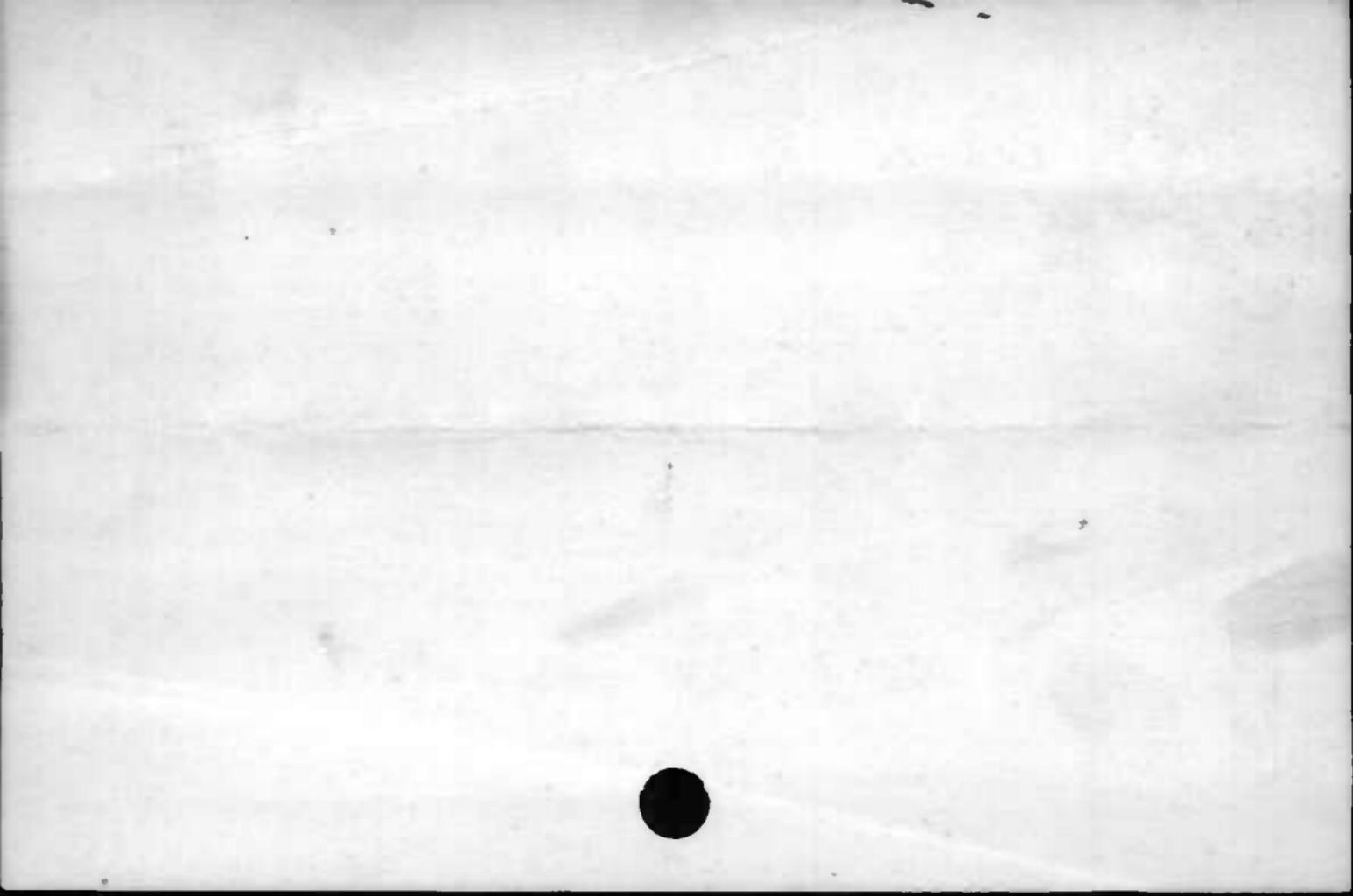
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County			
Died at		Gaith Park		Montgomery		MARYLAND	
Date of death	190	Month	Aug	Day	10	Years	
Age		Color or Race		Age		Months	1
Occupation	Female	Color		Color	White	Days	—
Spouse	None	Occupation		Where Residing if not at place of death	Same		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Walter Kernes			Father's Birthplace	Ta		
Mother's Maiden Name	Miss Macwood			Mother's Birthplace	Ta		
Name of person giving Information	Mrs. Stonebrum			How related to deceased	Not related		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	C. P. Monchitis		How long	5 days
Immediate	Conger. Lung		How long	On day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Aug 1907	
		Address	Kensington	
Accident or Suicide?	No			



Name
in
Full

Howard Franklin King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month Sept	Day 14	Years	Months 9	Days 27
Sex	Males	Color or Race	Colored	Birth-place	Laytonsville	
Occupation			Where Residing if not at place of death			

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Montgomery Co
Father's Name	Harry C King	Mother's Birthplace	Montgomery Co
Mother's Maiden Name	Ida Bright	How related	Father
Name of person giving information	Harry C King	House No.	Two weeks

CAUSES OF DEATH

105

Primary	Cholera Infantum	How long	Two weeks
Immediate			

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
		John Dyer	Montgomery Co
Accident or Suicide?			Laytonsville Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month Day	Years	Months	Days	
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Dale Knights				
Mother's Maiden Name	Lucinda Garrison				
Name of person giving information	Dale Knights				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Catarrhal Jaundice

How long

2 days

Immediate

Acute Gonorrhoea

How long

by day

Are the name, age, sex, color, date and place correctly given above?

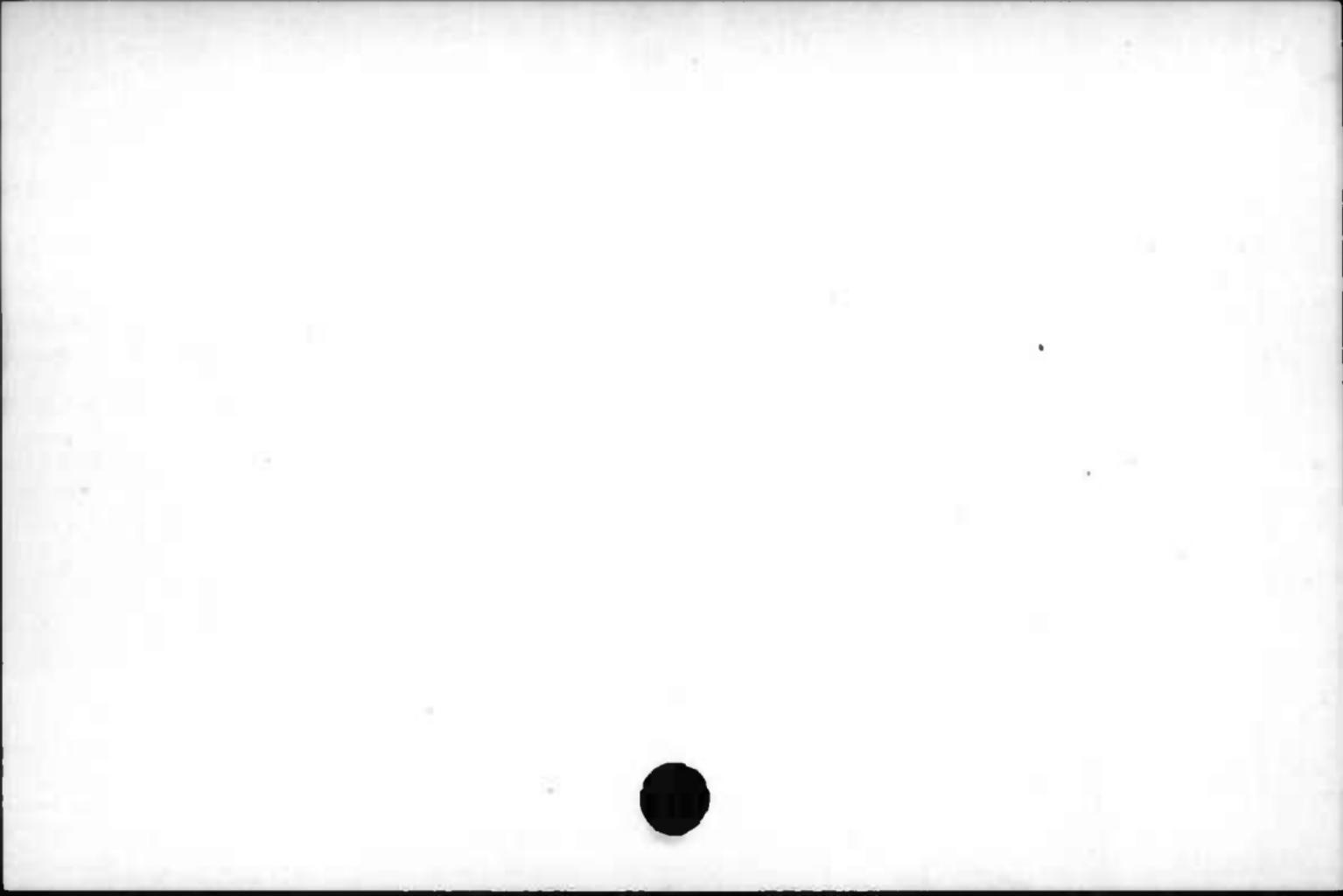
Yes

Signature of Physician

Address

Engelston
Bladensburg

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<h1>Elizabeth Blair Lee</h1>				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Liberty Spring		Montgomery					
Date of death	1906	Month Sept.	Day 13	Age 88	Years	Months 3	Days
Sex	Female	Color or Race	white	Birth-place	Hawthorndale		
Occupation				Where Residing if not at place of death			
Married Single or Widowed				Name of Wife or Husband	Damee Phillips Lee		
Father's Name	Montgomery Blair			Father's Birthplace	Va		
Mother's Maiden Name	Elizabeth Blair			Mother's Birthplace	Va		
Name of person giving information	Blair Lee			How related to deceased	Sister		

CAUSES OF DEATH

Primary

Senility
Asthma

154

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

19 days

Alfred J. Parsons,
Rockville Park, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Charles Hamilton Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bethesda Town		County Montgomery		MARYLAND		
Date of death 1906	Month 9	Day 7	Years 66	Months 11	Days 17	
Sex Male	Color or Race white	Birth-place Maryland				
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of wife or Husband Lydia Elizabeth Matthews	Father's Birthplace Md.				
Father's Name John Matthews	Mother's Birthplace Md.				How related to deceased wife	
Mother's Maiden Name Sarah Matthews						
Name of person giving information Lydia E. Matthews						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Cancer of Bladder** 

How long **6 months**

Immediate **Exhaustion**

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John L. Lewis, M.D.
Bethesda, Md.

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Sept	Day 28	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Md	
Occupation	None	Where Residing if not at place of death Same				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Flora V. Miles		Father's Birthplace	Md		
Mother's Maiden Name	Flacti Fairman		Mother's Birthplace	Md		
Name of person giving information	Flora V. Miles		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Meningitis

(6)

How long

Two days

Immediate

Meningo-Convulsions

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

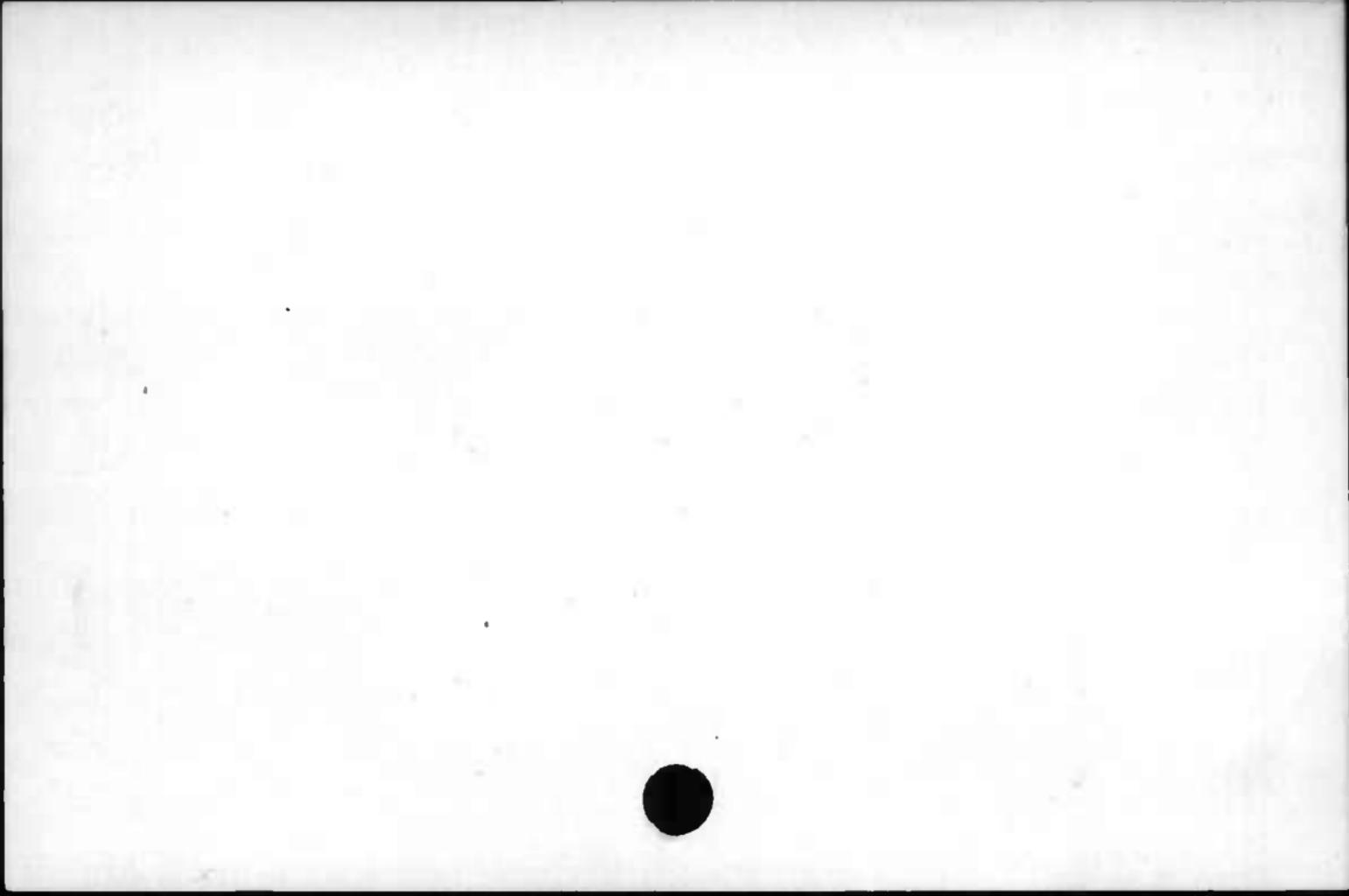
Address

Daggett Jones

Kensington

Accident or Suicide?

No



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Germania</u>		County <u>Mary</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>9</u>	Day <u>5</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place				
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>					

Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>	Father's Birthplace <u>Md. - Wm. G</u>
Father's Name <u>Henry Plummer</u>	Mother's Birthplace <u>Md. - Wm. G</u>	
Mother's Maiden Name <u>Cora Jenkins</u>	How related to deceased <u>Md. - Wm. G</u>	
Name of person giving information <u>Physican</u>		

CAUSES OF DEATH

Primary Chronic enteritis 105 How long 3 mo.

Immediate Asthma How long

Are the name, age, sex, color, date and place correctly given above?

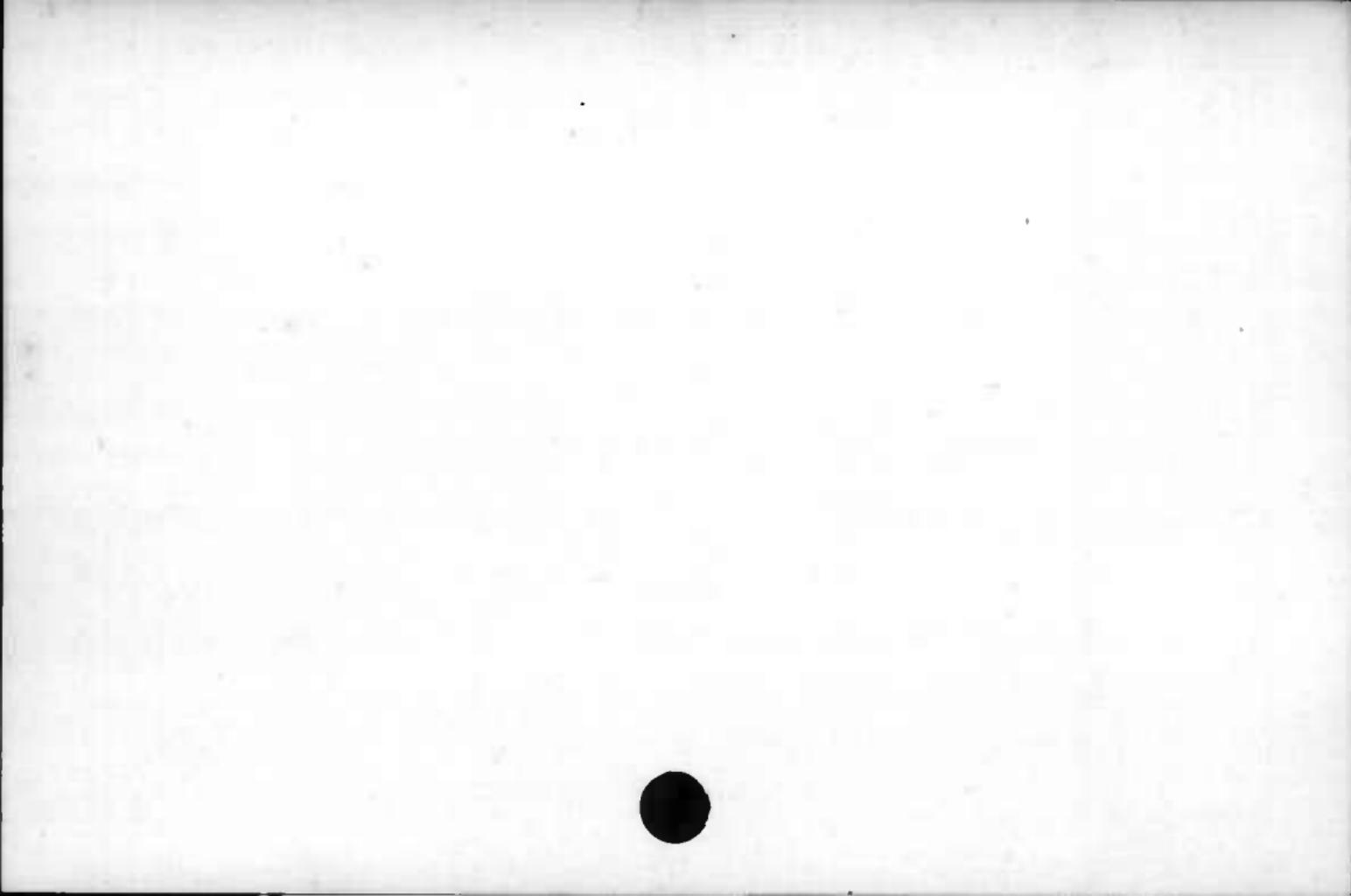
Signature of Physician

Address

W.D. House M.D.
Danecowville, Md.

Accident or Suicide?

Parents buried this child



Name
in
Full

Matilda Reading

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rosedale</u> Town <u>of Maryland</u> County					MARYLAND	
Date of death 190	Month 6	Day 9	Years 50	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>house</u>			Birth- place <u>ref</u>	
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband <u>X</u>						
Father's Name <u>Tom Reading</u>				Father's Birthplace <u>✓</u>		
Mother's Maiden Name <u>J</u>				Mother's Birthplace <u>✓</u>		
Name of person giving Information <u></u>				How related to deceased <u></u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spasms

(64)

How long

4 days

Immediate

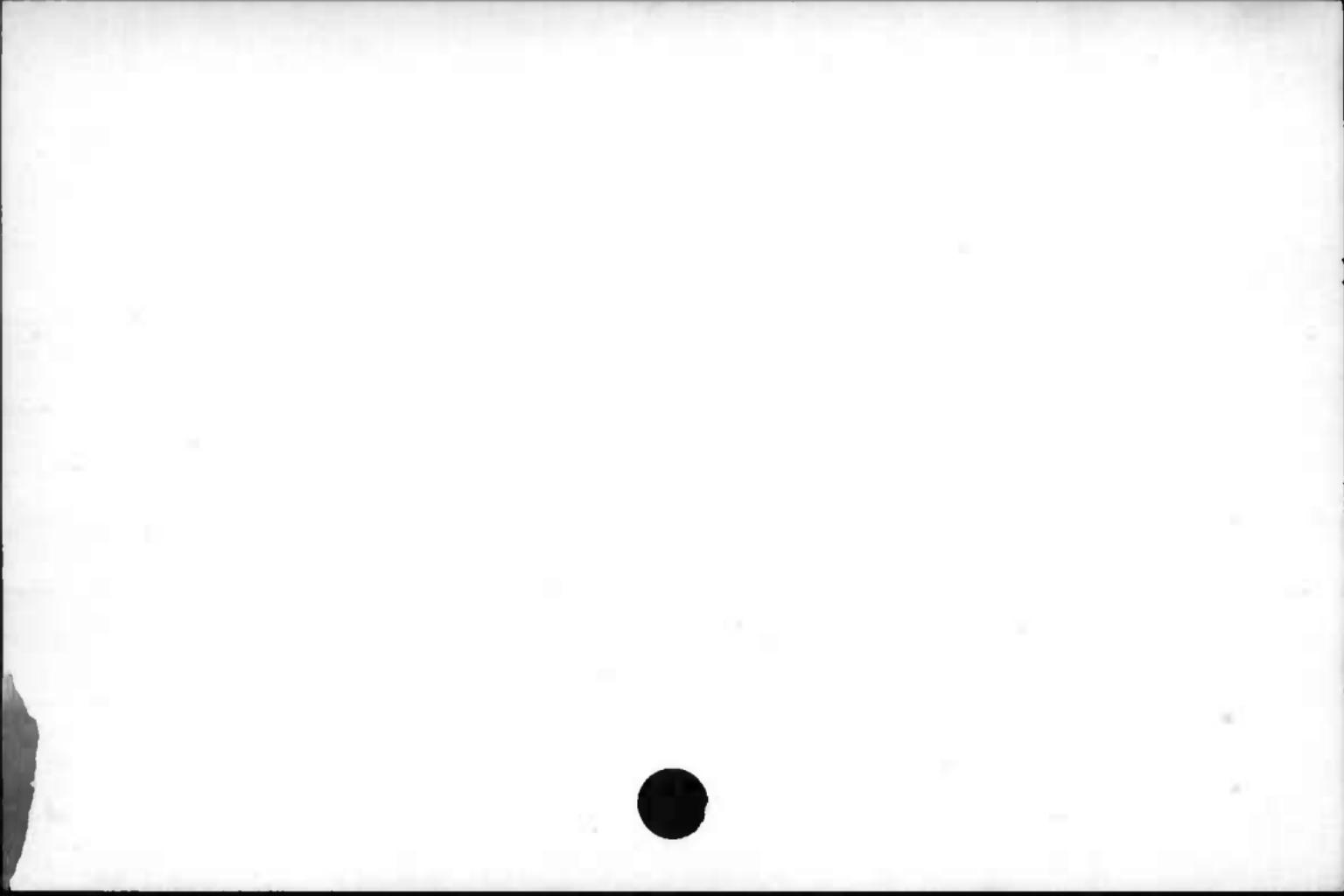
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. M. Fincham
Rosedale, Md.

Accident or Suicide?



Name
in
Full

Allen Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

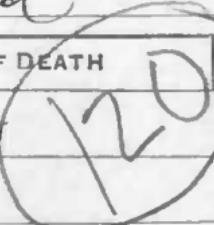
PHYSICIAN
OR CORONER

Died at <u>Leavenworth</u>		Town	County <u>Montgomery</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Sekh.</u>	Day <u>14</u>	Years <u>69</u>	Age <u>69</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>			
Occupation <u>Black-Smith</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Reed.</u>			Father's Birthplace <u>Md.</u>			
Father's Name <u>Allen Reed</u>					Mother's Birthplace <u>"</u>		
Mother's Maiden Name <u>Sarah Gardner</u>					How related to deceased <u>Wife</u>		
Name of person giving information <u>Susan Reed</u>							

CAUSES OF DEATH

Primary

Chronic Nephritis



How long

about 1 yr

Immediate

lemon

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. J. Brown,
Silver Spring

Yes.

Accident or Suicide?



Name
in
Full

William C. Riggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Norbeck</u>		<u>Town</u>	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>25</u>	Year <u>Age 68</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Catharine Riggs</u>	Father's Birthplace <u>Maryland</u>				
Father's Name <u>Rimus Riggs</u>	Mother's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Catharine Adams</u>	How related to deceased <u>Cousin</u>					
Name of person giving information <u>Samuel Riggs</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fractured skull

164

How long

Instant death

Immediate

Are the name, age, sex, color, date and place correctly given above?

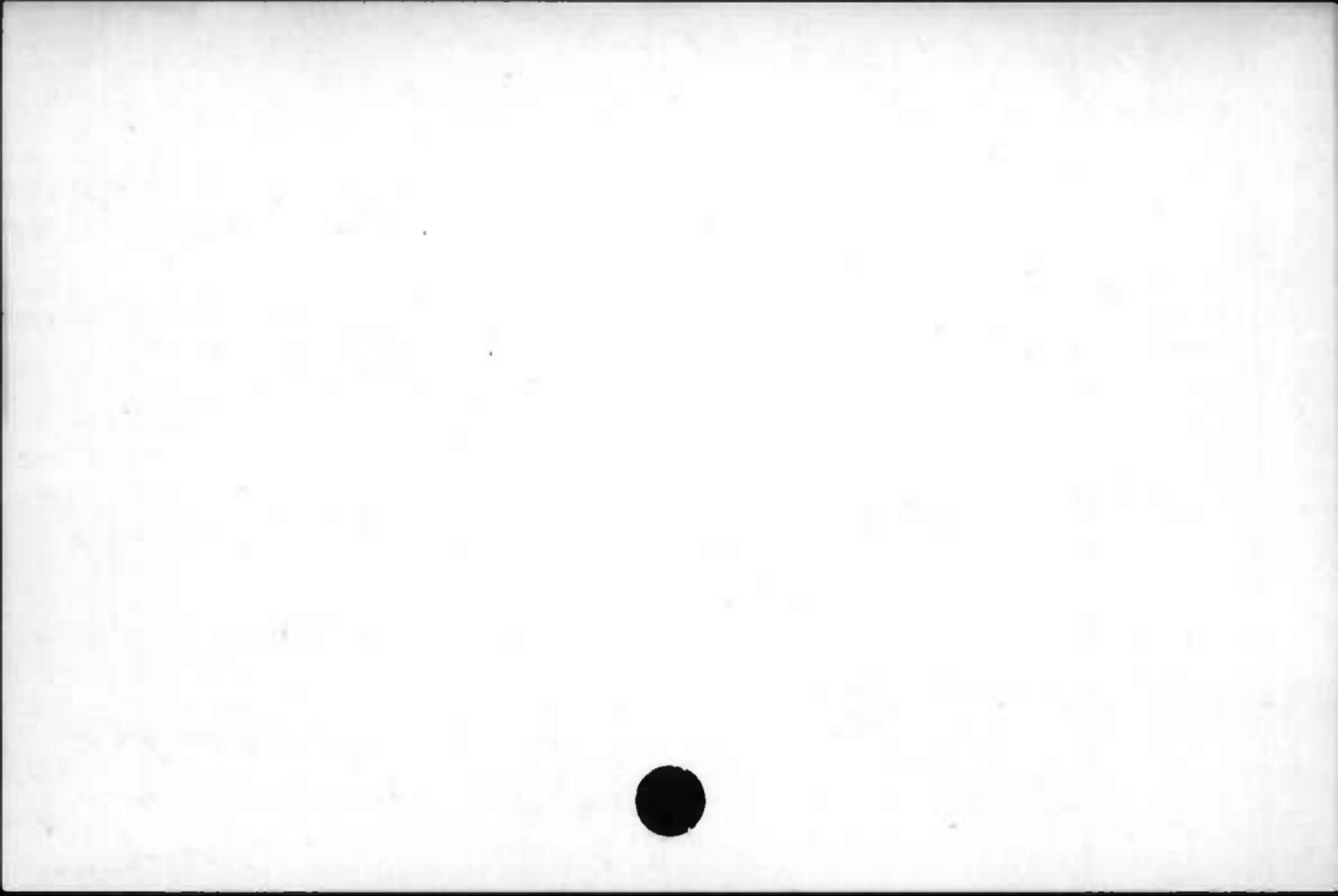
Yes

Signature of Physician

Address

Edward Anderson M.D.
Porkville, Md.

Accident or Suicide?



Name
in
Full

Ernest Semms

9/15/15

CERTIFICATE OF DEATH

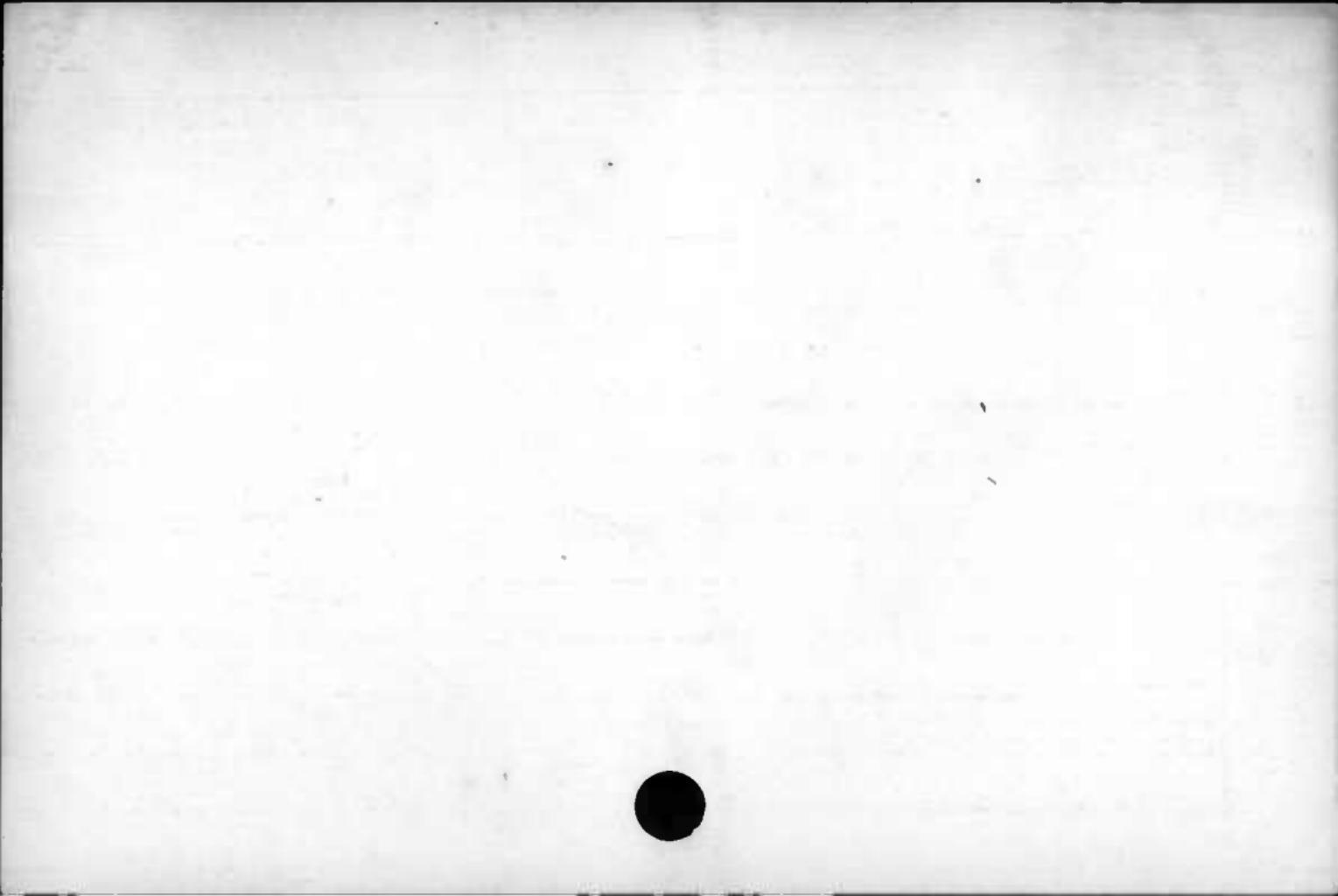
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place		Barnsville Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Hillary Semms		Montgomery Co			
Mother's Maiden Name	Eliza Duffin		Montgomery Co			
Name of person giving information	J. H. Stonestreet		Physician			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gun shot wound of head		166	How long
Immediate	Hemorrhage & laceration of brain		Seven hours	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Stonestreet	
		Address	Barnsville Md	
Accident or Suicide?				



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Spencerville</u>		Town <u>Spencerville</u>		County <u>montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>20</u>	Age <u>68</u>	Years <u>68</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>male</u>	Color or Race <u>Black</u>	Birthplace <u>St. Marys Co. Md.</u>					
Occupation <u>farmer</u>	Where Residing if not at place of death <u>ari Simmons</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>	Father's Name <u>Tom Simmons</u>					
Mother's Maiden Name <u></u>		Mother's Birthplace <u>St. Marys Co. Md.</u>					
Name of person giving information <u>Dr. G. Gandy</u>		How related to deceased <u>None</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

How long

3 or 4 weeks

How long

Immediate

Amniotic fluid

Are the name, age, sex, color, date and place correctly given above?

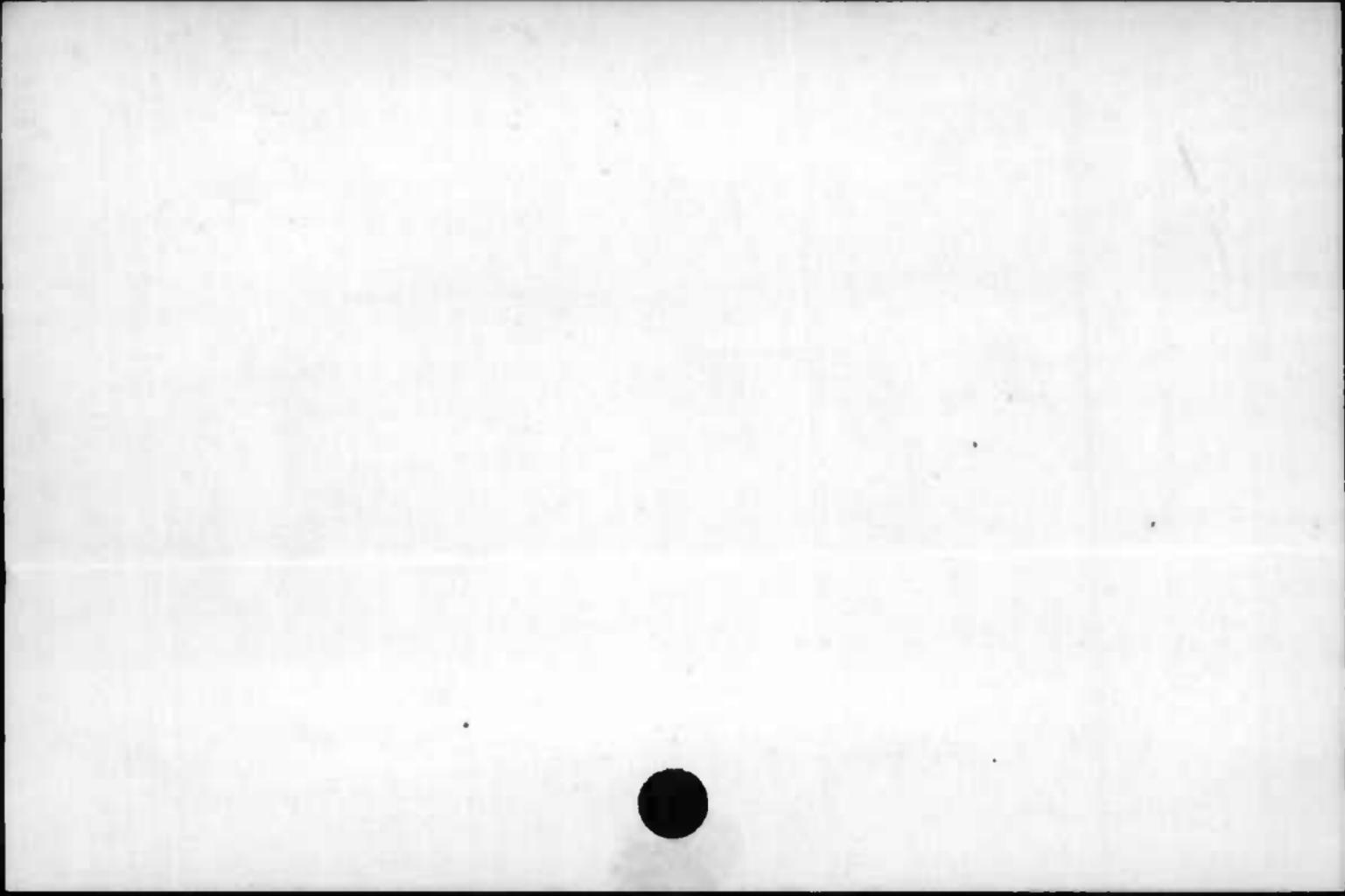
Yes

Signature of Physician

J. R. Watson
Spencerville
Md.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Snyder				CERTIFICATE OF DEATH		
Died at <u>Germanaut</u>		Town <u>Montgomery</u> County		MARYLAND		
Date of death <u>1906</u>	Month <u>Oct.</u>	Day <u>21</u>	Years <u>Age 26</u>	Months <u>18</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Germanaut</u>				
Occupation <u>farmer</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widower	Name of Wife or Husband <u>Estelle Snyder</u>					
Father's Name <u>Jacob. Snyder</u>	Father's Birthplace <u>Germanaut Md.</u>					
Mother's Maiden Name <u>- (I do not know)</u>	Mother's Birthplace <u>Fredk Co Md.</u>					
Name of person giving information <u>Physician</u>	How related to deceased <u>-</u>					

CAUSES OF DEATH

Primary Typhoid fever How long 21 da.
Immediate Typhoid How long

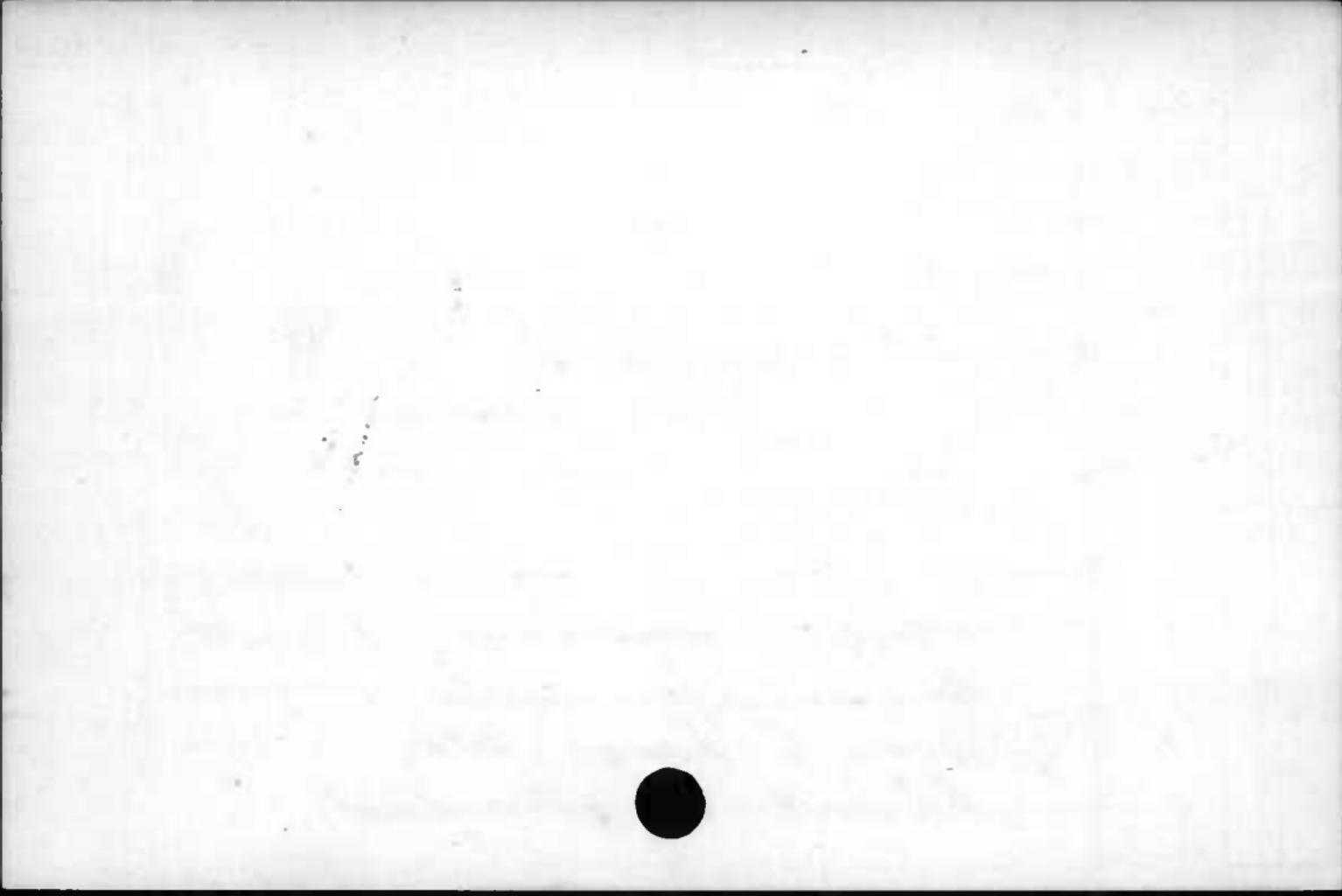
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. D. House M.D.
Dawsonville Md.

Accident or Suicide?



Alvin Cornelius Watkins

Died at	Town	County	MARYLAND
	Rockville	Montgomery	
Date 1906	Month Sept. 19,	Y. M. D. 0-3-12	Native of Rockville, Md.
Male	Day	Age	Occupation none
Female		Married	Divorced
	White	Widow	
	Colored	Widower	Number of children living
Husband of			
Wife			

Father's Name	Harvey C. Watkins	Mother's Maiden Name	Grace Diffenderffer
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Cause of Death	Primary	Athrepsia Infantum	How long sick
	Immediate	Exhaustion from diarrhea	1 month
			Accident, Suicide, Homicide

Reported by

Address

George E. Lewis, M.D.
Rockville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levi L. Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gaithersburg</u>		Town <u>Gaithersburg</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>4</u>	Age <u>67</u>	Years <u>67</u>	Months <u>6</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>			
Occupation <u>Farmer</u>			Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elisabeth Watkins</u>						
Father's Name <u>Alpheus Watkins</u>			Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>— Lewis</u>			Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>Cleveland Watkins</u>			How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Arsenical Poisoning

How long

7 hrs

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. B. StoddardPHYSICIAN
OR CORONERFiled 1906

Address

Gaithersburg Md

or Suicide?

